

STUDENT'S NAME		PEOPLESFT NO.	TERM	YEAR	ARE YOU ON ACADEMIC PROBATION? YES      NO	
TOTAL CREDITS EARNED: (INCLUDING CURRENT TERM)		CREDITS EARNED IN MAJOR:	MAJOR:			
SUPERVISING FACULTY  _____ DEPT. _____  _____ DEPT. _____			COURSE NO.	NO. OF CREDITS	GRADE OPTION LG      S/N	
			TITLE OF PROJECT:  _____			
			DATES: FROM:		TO:	
<b>DESCRIPTION:</b> (STUDENT SHOULD CONSULT WITH THE PROSPECTIVE SUPERVISING FACULTY MEMBER ANSWERING THE FOLLOWING QUESTIONS)						
1. <b>PURPOSES</b> OF PROJECT (WHAT YOU EXPECT TO LEARN):		2. <b>PROCEDURE</b> WHAT YOU WILL DO – e.g., WHAT BOOKS YOU WILL READ /WHAT EXPERIMENTS YOU WILL CONDUCT:		3. <b>PRODUCT</b> (WHAT TANGIBLE OR DEMONSTRABLE OUTCOMES, SUCH AS PAPERS OR REPORTS):		
4. TO THE SUPERVISING FACULTY  PLEASE DESCRIBE THE EXTENT TO YOUR SUPERVISION OF THIS PROJECT, INCLUDING FREQUENCY OF MEETING AND THE METHOD OF EVALUATION:						
5. REQUIRED SIGNATURES: I HAVE READ THE ABOVE DESCRITPION OF THE INDEPENDENT STUDY PROJECT AND HEREBY AFFIRM MY AGREEMENT TO ITS TERMS.						
_____		_____				
STUDENT		DEPARTMENT CHAIRPERSON/PROGRAM DIRECTOR				
_____		_____				
SUPERVISING FACULTY		CGS ASSISTANT DEAN				